

DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "ANATOMICAL VISUALIZATION SYSTEM", the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby appoint Pandiscio & Pandiscio, a firm composed on Nicholas A. Pandiscio, Registration No. 17,293, Mark J. Pandiscio, Registration No. 30,883, Milton E. Gilbert, Registration No. 17,119, David A. Tucker, Registration No. 27,840, Samuel W. Apicelli, Registration No. 36,427, and Scott R. Foster,

Registration No. 20,570, or any of them, of 470 Totten Pond Road, Waltham, Massachusetts 02154, (Telephone No. 617-290-0060), my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent Office connected therewith.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believe to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's signature: _____

Inventor's full name: David T. Chen

Date: _____

Residence: 12 Sunset Road, Somerville, MA 02144

Post office address: Same

Citizenship: USA

Inventor's signature: _____

Inventor's full name: Steven D. Pieper

Date: _____

Residence: Gove Hill Road, Thetford Center, VT 05075

Post office address: RR1 Box 40A, Thetford Center,
VT 05075

Citizenship: USA

Inventor's signature: _____

Inventor's full name: Michael A. McKenna

Date: _____

Residence: 232 Broadway, Cambridge, MA 02139

Post office address: Same

Citizenship: USA

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Inventor's signature: D.T.C.
Inventor's full name: David T. Chen
Date: 10/6/95
Residence: 12 Sunset Road, Somerville, MA 02144
Post office address: Same
Citizenship: USA

Inventor's signature: ✓

Inventor's full name: Steven D. Pieper

Date: ✓

Residence: Gove Hill Road, Thetford Center, VT 05075

Post office address: RR1 Box 40A, Thetford Center,
VT 05075

Citizenship: USA

Inventor's signature: ✓ Michael A McKenna

Inventor's full name: Michael A. McKenna

Date: ✓ 10/6/95

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Inventor's full name: David T. Chen

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